

FILED JUL 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24929

6036

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____			
b. CITY OR TOWN <u>ST. LOUIS MO</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>ST. LOUIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUKES Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>24 3000 INDIANA</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>NICK</u>		b. (Middle) _____		c. (Last) <u>EBNER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 24 1956</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB. 25 1882</u>	
9. AGE (In years last birthday) <u>74</u>		10. IF UNDER 1 YEAR Months _____		11. IF UNDER 1 YEAR Days _____		12. IF UNDER 1 YEAR Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WATCHMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>705 BLOG</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>AUSTRIA HUNGARY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U-S-A</u>	
13a. FATHER'S NAME <u>NICK EBNER</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET BAUER</u>		14. NAME OF HUSBAND OR WIFE <u>ANNA EBNER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>497-10-9312</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ANNA EBNER 3000 INDIANA</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic cardio-renal failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Weeks +</u>			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u>				Years <u>Years</u>			
DUE TO (c) _____				_____			
II. OTHER SIGNIFICANT CONDITIONS <u>Nephrosclerosis. Cystic kidney. Diabetes mel. Hypertrophic obstructive prostatic</u>				_____			
19a. DATE OF OPERATION <u>No</u>				19b. MAJOR FINDINGS OF OPERATION <u>Chronic myocarditis. A.S. failure</u>			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				_____			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>442x</u>		_____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>6-17-56</u> , 19 <u>56</u> , to <u>6-24-</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>6-23-56</u> , and that death occurred at <u>7</u> Am., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wendell Clark M.D.</u>				23b. ADDRESS <u>864 Hamilton Blvd St. Louis 12 Mo</u>		23c. DATE SIGNED <u>6-26-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>JUNE 27 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION CEM</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>	
DATE REC'D BY LOCAL REG. <u>JUN 26 1956</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Thomas Kuter 2906 Grand</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ..... Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Donna C. Hill*

Licensed Embalmer No. *4347*

P. O. Address *2906 S. ...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.